IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT LAKE COUNTY, ILLINOIS

)	
)	CASE NO
PLAINTIFF/PETITIONER)	
vs.	COUNTY:
)	
)	DATE:
DEFENDANT/RESPONDENT)	

CHILD SUPPORT DATA SHEET

CHIED SOFFORT DATA SHELT				
ATION	OBLIGEE INFORMATION			
	Last name:			
Middle In.:	First name:		Middle In.:	
	Complete Residential Address:			
er than above):	Complete Mailing Address (If other than above):			
	Date of Birth:			
	Driver's License No.:			
	Social Security No.:			
	Home Phone Number: ()			
	Employer(s) Name/Company:			
	Employer(s) Address:			
	Employer(s) ID Number:			
	Work Phone Number: ()			
CHILD/CHILDREN INFORMATION				
FIRST	MIDDLE INITIAL	DATE OF BIRTH	SOCIAL SECURITY NUMBER	
	Middle In.: ner than above): HILD/CHILDRI	Last name: Middle In.: First name: Complete F Date of Bir Driver's Lic Social Secu Home Phor Employer(s Employer(s Work Phone HILD/CHILDREN INFOR	Last name: Middle In.: First name: Complete Residential Address Date of Birth: Driver's License No.: Social Security No.: Home Phone Number: () Employer(s) Name/Company: Employer(s) Address: Employer(s) ID Number: Work Phone Number: () HILD/CHILDREN INFORMATION MIDDLE DATE OF	

(If more space is needed, attach an additional sheet.)

^{*} If obligor is not a US citizen, so indicate and provide the obligor's alien registration number, passport number and home country's social security or national health number.